

**Maricopa Integrated Health Systems
Formulary Prior Auth Criteria**

Drug: Remicade (Infliximab)

Therapy:

Rheumatoid Arthritis-

Remicade, in combination with methotrexate, is indicated for the reduction in signs and symptoms and inhibiting the progression of structural damage in patients with moderately to severely active rheumatoid arthritis whom have had an inadequate response to methotrexate

Crohn's Disease:

Remicade is indicated for the reduction in signs and symptoms of Crohn's disease in patients with moderately to severely active Crohn's disease who have had an inadequate response to conventional therapy.

Remicade is indicated for the reduction in the number of draining enterocutaneous fistulas in patients with fistulizing Crohn's disease.

Inclusions:

A) Rheumatoid Arthritis

- 1) Failure of three disease-modifying agents [e.g., Imuran (Azathioprine), Ridaura (oral gold), Plaquenil (hydroxychloroquine), Cuprimine (D-penicillamine), Azulfidine (Sulfasalazine), Arava (Leflunomide)]
- 2) Will the patient be prescribed Remicade in combination with methotrexate

B) Crohn's Disease and with enterocutaneous fistulae

Failure of three agents for Crohn's disease [e.g., Azulfidine (Sulfasalazine), Imuran (Azathioprine), Asacol or Pentasa (Mesalamine)]

C) No active infection

Risk Factors/Contraindications:

Serious infection, including sepsis and fatal infections, have been reported in patients receiving TNF-blocking agents. Many of the serious infections in patients treated with Remicade have occurred in patients on concomitant immunosuppressive therapy that, in addition to their Crohn's disease or rheumatoid arthritis, could predispose them to infections. Caution should be exercised when considering the use of Remicade in patients with a chronic infection or history of recurrent infection. Remicade should not be given to patients with a clinically important, active infection. If a patient develops a serious infection or sepsis, therapy should be discontinued.

Authorization:

Crohn's- three months

Crohn's with enterocutaneous fistulae- six months

Rheumatoid Arthritis- six months and additional six months with documented efficacy

Medical Director _____

Date _____